



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

WATERMERE SURGERY CENTER

**Respondent Name**

LIBERTY INSURANCE CORP

**MFDR Tracking Number**

M4-17-1818-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

FEBRUARY 14, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "\$69.23 still owing."

**Amount in Dispute:** \$69.23

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Bill was reviewed and additional payment is due and has been issued with interest due. EOBs are attached."

Response Submitted By: Liberty Mutual Insurance Co.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 21, 2016	Ambulatory Surgical Care for CPT Code 62311	\$69.23	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.402, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
3. Texas Labor Code 413.011(b) provides for additions or exceptions to the Medicare policies.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - Z710, B13, W3-The charge for this procedure exceeds the fee schedule allowance.
  - P300-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

## Issues

Is the requestor entitled to additional reimbursement for ambulatory surgical care center services rendered on November 21, 2016?

## Findings

According to the explanation of benefits, the respondent paid \$844.90 for the disputed services based upon the fee guideline. The requestor contends that additional reimbursement is due of \$69.23 because the payment was not in accordance with the fee guideline. The issue in dispute is whether the requestor is due additional reimbursement per the fee guideline.

The fee guideline for Ambulatory Surgical Care services is found in 28 Texas Administrative Code §134.402.

28 Texas Administrative Code §134.402(d) states,

For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section.

28 Texas Administrative Code §134.402(f)(1)(A) states,

The reimbursement calculation used for establishing the MAR shall be the Medicare ASC reimbursement amount determined by applying the most recently adopted and effective Medicare Payment System Policies for Services Furnished in Ambulatory Surgical Centers and Outpatient Prospective Payment System reimbursement formula and factors as published annually in the Federal Register. Reimbursement shall be based on the fully implemented payment amount as in ADDENDUM AA, ASC COVERED SURGICAL PROCEDURES FOR CY 2008, published in the November 27, 2007 publication of the Federal Register, or its successor. The following minimal modifications apply:

(1) Reimbursement for non-device intensive procedures shall be: (A) The Medicare ASC facility reimbursement amount multiplied by 235 percent .

According to Addendum AA, CPT code 62311 is a non-device intensive procedure.

The Medicare ASC reimbursement rate for code 62311 CY 2016 is \$327.22.

The City wage index for Southlake, Texas is 0.9526.

**To determine the geographically adjusted Medicare ASC reimbursement for code 62311, use the following formula:**

The Medicare ASC reimbursement rate of \$327.22 is divided by 2 = \$163.61.

This number multiplied by the City Wage Index  $\$163.61 \times 0.9526 = \$155.85$ .

Add these two together  $\$163.61 + \$155.85 = \$319.46$ .

The geographically adjusted Medicare ASC reimbursement rate for code 62311 is \$319.46.

**To determine the MAR multiply the geographically adjusted Medicare ASC reimbursement by the DWC payment adjustment factor of 235%**

$\$319.46 \times 235\% = \$750.73$ . The respondent paid \$844.90. As a result, additional reimbursement is not due.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	3/9/2017
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**